

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Name	X098 Submitter Name	X098 Receiver	X098 Medicare Billing Provider	X098 Medicare Beneficiary	X098 Medicare Payer	X098 Medicare Payer Name	X098 Medicare Claim Information	X098 Medicare Claim Submission Reason Code	X098 Claim Assignment Indicator	X098 Medicare Assignment Accepted Indicator	X098 Service Line Detail Loops	X098 Medicare Service Line Detail Service
2	X098 Submitter type: Person	Either											
3	X098 Submitter type: Non-Person Entity	Either											
4	X098 Submitter type: Non-Person Entity (long name)	Either											
5	X098 Receiver name		Either										
6	X098 Receiver long name		Either										
7	X098 Billing foreign currency:USA			Req									
8	X098 Billing Provider Primary ID: NPI			Absent									
9	X098 Billing Provider address			Req									
10	X098 Billing Provider address: Foreign			Absent									
11	X098 Billing Provider ID: Medicare			Req									
12	X098 Credit card information			Absent									
13	X098 Subscriber has claim				Req								
14	X098 Payer sequence: Payer of last resort				Absent								
15	X098 Insured Group number absent				Req								
16	X098 Claim filing indicator: Other payer				Absent								
17	X098 Claim filing indicator: Blue Cross / Blue Shield				Absent								
18	X098 Claim filing indicator: Medicaid				Absent								
19	X098 Subscriber type: Person				Req								
20	X098 Subscriber type: Non-Person Entity				Absent								
21	X098 Subscriber type: Non-Person Entity (long name)				Absent								
22	X098 Subscriber Primary ID: Member ID				Req								
23	X098 Subscriber Primary ID: HIPAA Individual Identifier				Absent								
24	X098 Subscriber ID: Member ID				Absent								
25	X098 Subscriber ID: Client Number (for IHS only)				Absent								
26	X098 Subscriber ID: SSN				Absent								
27	X098 Subscriber Property and Casualty claim number				Absent								
28	X098 Payer name						Either						
29	X098 Payer name (long name)						Either						
30	X098 Payer Primary ID: pre-HIPAA payer ID					Req							
31	X098 Payer Primary ID: National PlanID					Absent							
32	X098 Payer address: USA					Absent							
33	X098 Payer address: Foreign					Absent							
34	X098 Payer ID: pre-HIPAA payer ID					Absent							
35	X098 Payer ID: Claim Office Number					Absent							
36	X098 Payer ID: NAIC					Absent							
37	X098 Payer ID: TIN					Absent							
38	X098 Credit card number				Absent								
39	X098 Credit card authorization number				Absent								
40	X098 Patient Property and Casualty claim number							Absent					
41	X098 Claim Place of Service							Req					
42	X098 Claim submission reason: Original								Req				
43	X098 Claim submission reason: Corrected								Absent				
44	X098 Claim submission reason: Replacement								Absent				
45	X098 Claim submission reason: Void								Absent				
46	X098 Assignment accepted (Medicare)										Either		
47	X098 Assignment not accepted (Medicare)										Either		

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48	X098 Assignment accepted for lab only (Medicare)										Either		
49	X098 Assigned claim									Either			
50	X098 Not Assigned claim									Either			
51	X098 Referral date							Absent					
52	X098 Attachment report Type: Referral Form							Absent					
53	X098 Contract type code							Absent					
54	X098 Contract Amount							Absent					
55	X098 Contract Percentage							Absent					
56	X098 Contract Code							Absent					
57	X098 Contract Discount Percentage							Absent					
58	X098 Contract Version Identifier							Absent					
59	X098 Credit/Debit Card Maximum Amount							Absent					
60	X098 Referral number							Absent					
61	X098 Repriced claim Reference number							Absent					
62	X098 Adjusted Repriced claim Reference number							Absent					
63	X098 Principal Diagnosis							Req					
64	X098 Pricing methodology							Absent					
65	X098 Repriced Allowed amount							Absent					
66	X098 Repriced saving amount							Absent					
67	X098 Repricing Organization identifier							Absent					
68	X098 Repricing Per Diem or Flat rate amount							Absent					
69	X098 Repriced Approved Ambulatory Patient Group (APG) code							Absent					
70	X098 Repriced Approved Ambulatory Patient Group (APG) amount							Absent					
71	X098 Repricing Rejection code							Absent					
72	X098 Repricing Policy Compliance code							Absent					
73	X098 Repricing Exception Reason code							Absent					
74	X098 Home Health Discipline code: Home Health Aide							Absent					
75	X098 Home Health Discipline code: Medical Social Worker							Absent					
76	X098 Home Health Discipline code: Occupational Therapy							Absent					
77	X098 Home Health Discipline code: Physical Therapy							Absent					
78	X098 Home Health Discipline code: Skilled Nursing							Absent					
79	X098 Home Health Discipline code: Speech Therapy							Absent					
80	X098 Home Health Number of visits							Absent					
81	X098 Home Health Frequency period: Days							Absent					
82	X098 Home Health Frequency period: Weeks							Absent					
83	X098 Home Health Frequency period: Months							Absent					
84	X098 Home Health Frequency period: Quarter							Absent					
85	X098 Home Health Frequency count							Absent					
86	X098 Home Health duration of visits units: Day							Absent					
87	X098 Home Health duration of visits units: Week							Absent					
88	X098 Home Health duration of visits							Absent					
89	X098 Home Health Ship, Delivery or Calendar Pattern code							Absent					
90	X098 Home Health Delivery Pattern time code							Absent					
91	X098 Primary Care provider type: Person							Absent					
92	X098 Primary Care provider type: Non Person Entity							Absent					
93	X098 Primary Care provider type: Non Person Entity (long name)							Absent					
94	X098 Primary Care provider Taxonomy							Absent					
95	X098 Number of service lines (count <= 50)										Req		
96	X098 Svc. Procedure Code: HCPCS												Req
97	X098 Svc. Procedure Code: HIEC												Absent
98	X098 Svc. Procedure Code: Workers Compensation code												Absent
99	X098 Svc. International Units												Absent
100	X098 Svc. Referral date							Absent					
101	X098 Svc. Contract type code							Absent					

	A	B	C	D	E	F	G	H	I	J	K	L	M
102	X098 Svc. Contract Amount							Absent					
103	X098 Svc. Contract Percentage							Absent					
104	X098 Svc. Contract Code							Absent					
105	X098 Svc. Contract Discount Percentage							Absent					
106	X098 Svc. Contract Version Identifier							Absent					
107	X098 Svc. Repriced service Reference number							Absent					
108	X098 Svc. Adjusted Repriced service Reference number							Absent					
109	X098 Svc. Referral number							Absent					
110	X098 Svc. Home Health Delivery Pattern time code							Absent					
111	X098 Svc. Home Health Number of visits							Absent					
112	X098 Svc. Home Health Frequency period: Days							Absent					
113	X098 Svc. Home Health Frequency period: Weeks							Absent					
114	X098 Svc. Home Health Frequency period: Months							Absent					
115	X098 Svc. Home Health Frequency period: Quarters							Absent					
116	X098 Svc. Home Health Frequency count							Absent					
117	X098 Svc. Home Health duration of visits units: Day							Absent					
118	X098 Svc. Home Health duration of visits units: Week							Absent					
119	X098 Svc. Home Health duration of visits units: Month							Absent					
120	X098 Svc. Home Health Ship, Delivery or Calendar Pattern code							Absent					
121	X098 Svc. Pricing methodology							Absent					
122	X098 Svc. Repriced Allowed amount							Absent					
123	X098 Svc. Repriced saving amount							Absent					
124	X098 Svc. Repricing Organization identifier							Absent					
125	X098 Svc. Repricing Per Diem or Flat rate amount							Absent					
126	X098 Svc. Repriced Approved Ambulatory Patient Group (APG) code							Absent					
127	X098 Svc. Repriced Approved Ambulatory Patient Group (APG) amt.							Absent					
128	X098 Svc. Repriced Approved Procedure code: HCPCS							Absent					
129	X098 Svc. Repriced Approved Procedure code: HIEC							Absent					
130	X098 Svc. Repriced Approved Procedure code: Workers Comp.							Absent					
131	X098 Svc. Repriced Approved Units							Absent					
132	X098 Svc. Repriced Approved Inpatient Days							Absent					
133	X098 Svc. Repricing Rejection code							Absent					
134	X098 Svc. Repricing Policy Compliance code							Absent					
135	X098 Svc. Repricing Exception Reason code							Absent					
136	X098 Svc. Rendering provider type: Non Person Entity												Absent
137	X098 Svc. Rendering provider type: Non Person Entity (long name)												Absent
138	X098 Svc. Supervising provider ID: Medicare												Absent
139	X098 Svc. Ordering provider ID: Medicare												Absent
140	X098 Svc. Primary Care provider							Absent					
141	X098 Svc. Primary Care provider (long name)							Absent					
142	X098 Svc. Referring provider ID: Medicare												Absent
143	X098 Svc. Supporting Form: Home Health							Absent					